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## APPLICANTS

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*Verified  
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/223,764 08/08/2000

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*(NONE)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/18/2001

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 0	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Children's income protection and benefit health insurance policy and method of underwriting the same

FILING FEE  RECEIVED 409	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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